***Massachusetts Department of***

***Elementary and Secondary Education***

75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3700

*TTY: N.E.T. Relay 1-800-439-2370*

March 25, 2019

Ms. Anne McManus

Executive Director

Latham School

1646 Main Street

Brewster, MA 02361

Re: Approved Special Education Schools Mid-cycle Review and Verification of previous Program Review Corrective Action Plan

A - Latham Intensive Residential Program

Dear Ms. McManus:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Approved Special Education Schools Mid-cycle Review Report based upon the Mid-cycle Review conducted in your approved special education school program in November 2018.

This report includes the Department's findings regarding the implementation status and effectiveness of corrective steps taken in response to your previous Program Review Report issued on July 20, 2016. This report also includes detailed findings describing the determination of the Department about the implementation status of selected Mid-cycle review criteria as well as the implementation of new state or federal special education requirements enacted since your program’s last Program Review.

For requirements not found to be fully implemented, the Department has prepared a Corrective Action Plan for the program that must be implemented without further delay. You will find these requirements for corrective action and further progress reporting included in the attached report, together with any steps that must be taken by the program to fully implement special education requirements.

**Please note that the program must demonstrate resolution of noncompliance identified by the Department as soon as possible but in no case later than one year from the issuance of the Department’s Final Mid-cycle Review Report.**

At this time, the Department requests that you upload a written assurance signed by you and the chairperson of your Board of Directors. This statement must contain:

1. a description of the steps the program is taking to make the Department’s findings available to staff, parent advisory groups and the general public; and
2. an assurance that your program will implement the corrective action ordered by the Department within the required timelines.

Please go into the WBMS and upload your program’s written assurance into Additional Documents no later than **May 10, 2019**. You can do this by accessing: > MCR > Self-Assessment > Additional Documents.

The Department will notify you of your program’s next regularly scheduled Program Review several months before it is to occur. At this time, we anticipate the next routine monitoring visit to occur sometime during the 2022-2023 school year, unless the Department determines that there is some reason to schedule this visit earlier.

The approval certificate enclosed with this correspondence shall remain in effect until October 10, 2019, and will be contingent upon continued compliance with all regulations contained within 603 CMR 28.00 “Special Education Regulations,” 603 CMR 18.00 “Program And Safety Standards For Approved Public Or Private Day And Residential Special Education School Programs,” and 603 CMR 46.00 “Prevention of Physical Restraint and Requirements If Used.” The Department may change this approval status at any point during this three-year period if circumstances arise that warrant such a change.

**Please be advised that the attached Department Approval Certificate must be conspicuously posted in a public place within the program as required by 603 CMR 28.09.**

In closing, we would like to extend our thanks to the administration and staff who shared their time and thoughts so generously during the preparation and onsite phases of the visit. Should you require any additional information, please do not hesitate to contact the Onsite Team Chairperson.

Sincerely,

Helen Murgida, Mid-cycle Review Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Amy Carroll, President of the Board of Directors

Jeffrey C. Riley, Commissioner of Elementary and Secondary Education

Russell Johnston, Ph.D., Senior Associate Commissioner

Joanne Morris, Supervisor, Office of Approved Special Education Schools

Encl.: Mid-cycle Review Report

Provisional Approval Certificate, Expiration Date: October 10, 2019

Latham Intensive Residential Program

|  |
| --- |
| DESE Logo  **MID-CYCLE REVIEW REPORT**  **Latham School**  **MCR Onsite Dates:** **11/13/2018 - 11/15/2018**  **Programs under review for the agency:**  **A - Latham Intensive Residential Program**    Massachusetts State Seal |
| Jeffrey C. Riley  Commissioner of Elementary and Secondary Education |

| **PS Criterion #2.2 - Approvals, Licenses, Certificates of Inspection** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and observations indicated that there were current approvals, licenses and certificates of inspection from appropriate local authorities for all buildings used by the students. |

| **PS Criterion #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and observations indicated that there was a current license from the Department of Early Education And Care for all residential facilities. |

| **PS Criterion #4.5 - Immediate Notification** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and student records indicated that the policy on Immediate Notification Regarding Serious Incidents met the current requirements and included notification to appropriate parties of such incidents, as well as the person responsible for oversight. A review of student records showed that the program maintains copies of all incidents regarding students. |

| **PS Criterion #6.1 - Daily Instructional Hours/6.4 School Days Per Year** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that all students were scheduled to receive the required number of instructional hours per year, and that the required number of school days per year was scheduled for all students. |

| **PS Criterion #8.5 - Current IEP & Student Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and student records indicated that there was a current Individualized Education Program (IEP) for each enrolled Massachusetts student that had been issued by the responsible public school district and consented to by the student's parent or the student when applicable. In student records where an IEP was found to not be current, there was documentation of the program's efforts to obtain a current IEP from the responsible school district. |

| **PS Criterion #9.1 - Policies and Procedure for Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that while the Behavior Support Policy was written in the required format, it did not include all of the required elements. | | | |
| **Department Order of Corrective Action:** | | | |
| Latham Intensive Residential Program must update its Behavior Support Policy and Procedures and include all required elements for items in this criterion.  Once the Department has approved the Behavior Support Policy and Procedures, the program must provide training to all staff and maintain appropriate training documentation. | | | |
| **Required Elements of Progress Reports:** | | | |
| The Program must submit an updated Behavior Support Policy and Procedures that includes all required elements of this criterion.  Once the Department approves the Behavior Support Policy and Procedures, the program must provide training to all staff by submitting: 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by the last name with their position and title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 06/14/2019 | 09/20/2019 |  |  |

| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that the program's written policy on Student Separation Resulting from Behavior Support did not include all required elements. | | | |
| **Department Order of Corrective Action:** | | | |
| Latham Residential Program must update its written policy on Student Separation Resulting from Behavior Support Policy and Procedures that include all required elements for this criterion.  Once approved by the Department, the program must provide training to all staff and maintain appropriate training documentation. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit its updated Student Separation Policy and Procedures that includes all required elements of this criterion.  Once the Department has approved the Student Separation Policy and Procedures, the program must provide training to all staff by submitting: 1) the name and job title of the person conducting the training; 2) the dates and times when the training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their positions and title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 06/14/2019 | 09/20/2019 |  |  |

| **PS Criterion #9.4 - Physical Restraint** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Basis for Findings:** | | | |
| A review of documentation and interviews indicated that the Physical Restraint Policy and Procedures did not include all the required elements of this criterion. | | | |
| **Department Order of Corrective Action:** | | | |
| Latham Residential Program must update its Physical Restraint Policy and Procedures and include all required elements of items, specifically those under numbers 2, 5, 9, and 10.  Once the Department has approved the Physical Restraint Policy and Procedures, the program must provide training to all staff and maintain appropriate training documentation. | | | |
| **Required Elements of Progress Reports:** | | | |
| The Program must submit an updated Physical Restraint Policy and Procedures that include all required elements of this criterion.  Once the Department has approved the Physical Restraint Policy and Procedures, the program must provide training to all staff by submitting: 1) the name and job title of the person conducting the training; 2) the dates and times when the training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their positions and title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 06/14/2019 | 09/20/2019 |  |  |

| **PS Criterion #11.3 - Educational Administrator Qualifications** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Not Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that the Educational Administrator did not meet the required qualifications for the position. | | | |
| **Department Order of Corrective Action:** | | | |
| Latham Residential Program must have an appropriately qualified Educational Administrator to ensure the special education services are being delivered to all students. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit evidence of a qualified Special Educational Administrator who has either a current special education administrator license or credentials that include all of the following: a Special Education Teacher license, or copy of an ELAR activity sheet; Evidence of a Master's Degree in Special Education or a related field; and evidence of one year of administrative experience (acceptable documentation includes a current resume). | | | |
| **Progress Report Due Date(s):** | | | |
| 06/14/2019 |  |  |  |

| **PS Criterion #11.4 - Teachers (Special Education Teachers and General Education Teachers)** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that at the time of the Mid-cycle Review, not all teachers were appropriately licensed or on approved waivers. | | | |
| **Department Order of Corrective Action:** | | | |
| The program must hire and maintain appropriately licensed teachers in all classrooms. | | | |
| **Required Elements of Progress Reports:** | | | |
| The Program must submit an updated Teacher Roster using the required Teacher Roster Form found in the WBMS Document Library and submit copies of the license or approved waiver for each teacher. Please complete all sections of the Teacher Roster. | | | |
| **Progress Report Due Date(s):** | | | |
| 06/14/2019 | 09/20/2019 |  |  |

| **PS Criterion #11.5 - Related Services Staff** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-cycle Review the staff providing or supervising the provision of related services were appropriately certified, licensed or registered in their professional areas. |

| **PS Criterion #11.6 - Master Staff Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-Cycle Review, the Master Staff Roster contained the names, program job titles, corresponding Uniform Financial Report (UFR) title numbers and full-time equivalents (FTE) for all staff. The Master Staff Roster also accurately corresponded to the most recently approved DESE staffing plan. |